10.08 An Audit of the Management of Pleural Effusions at an Irish Tertiary Teaching Centre

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Background: Parapneumonic pleural effusions commonly occur in patients presenting with community acquired pneumonia, rendering treatment more complex and increasing morbidity and mortality. We sought to analyse and compare the treatment of patients admitted under respiratory- and non-respiratory teams presenting with parapneumonic pleural effusions in St. James Hospital in 2019.

Methods: Patients undergoing a pleural effusion procedure in SJH in 2019 were identified using cytology laboratory records. Chart review was performed to identify those diagnosed with parapneumonic effusion (n=17), and data for imaging, laboratory testing, treatment, and patient outcomes for respiratory (n=6) and non-respiratory (n=11) admitted patients was collated.

Results: Results show lower median wait times for respiratory patients until their first pleural procedure at 3 days (±12.2), compared to 6 days (±9.9) for non-respiratory patients. Respiratory patients waited a median of 1 day (±7.66) for CT scans, compared to 5 days (±7.83) for non-respiratory patients. Respiratory patients had a median wait time of 3 days (±2.08) for an ultrasound compared to 6 days (±6.82) for non-respiratory patients. Median length of stay of was 16 days (±7.87) for respiratory patients, compared to a median of 23 days (±41.84) for the non-respiratory patients.

Conclusions: Admission under a respiratory team was associated with more efficient management of patients with parapneumonic effusions.